Sample Needs Assessment

Target audience: Elementary students

Topic: Bullying

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classroom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions: Please circle the answer that best describes your answer.

1) Do you feel safe at school?

Very Sometimes I don’t know Not really Not at all

2) Do others make fun of you or tease you?

Very Sometimes I don’t know Not really Not at all

3) Do you feel scared of other students in the school?

Very Sometimes I don’t know Not really Not at all

4) Do you have trouble with your schoolwork because you feel scared or unsafe?

Very Sometimes I don’t know Not really Not at all

5) Do you ever tease or pick on other classmates?

Very Sometimes I don’t know Not really Not at all

6) Would you tell the teacher if you were being teased or picked on?

Very Sometimes I don’t know Not really Not at all

7) Would you like to learn about bullying in your classroom?

Very Sometimes I don’t know Not really Not at all